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WET NURSES—COMPOSITION OF MILK.

[M. DONNE, well known as an excellent French writer on medicine, has lately issued a second edition of his work on the management of infants. From a review of it in the Medico-Chirurgical Review, we take the following remarks.]

Wet-nursing is the general rule in France, the exception in England. Not only is there a vastly greater proportion of destitute and orphan infants in the former country, but even in the middle and comparatively easy classes great numbers of women put their children out to nurse (fifteen or twenty thousand are annually sent from Paris) in order that they may have leisure to attend to the affairs of life, which with us devolve on the husband. The procuring and negotiating for nurses is a separate and profitable occupation. Not only has the government a central depot for such women to resort to be hired, but numbers of offices are opened by private speculators, and nurse-brokers scour the country for leagues around the great towns in search of women who can (and those who cannot) give suck. M. Donné gives a sad account of the impositions that are practised in consequence of the absence of a sufficient supervision, and the consequent frightful amount of infantile mortality. Into this we need not follow him, as happily his remarks do not apply to our own country. It may be useful, however, to glance at his directions for the *selection of a wet-nurse*; and the most important of these is the ascertaining the *condition of her milk.*

" Milk is composed of several distinct parts, some of which are dissolved, and others swim in the liquid in the form of very fine particles. The parts in a state of solution are chiefly the *caseum*, which forms the basis of cheese, the sugar of milk, and a great number of saline substances, required in the formation of animal bodies. The solid parts in a state of suspension are only of one kind, viz., the fatty or butyraceous portion of the milk. So that we may form a just idea of this fluid if we consider it as an emulsion in which the caseum, sugar, &c., are dissolved, and the fatty or oily substance is divided into little rounded particles. These different parts, mixed together, are not distinguishable by the naked eye: but if we place a drop on a watch-glass, and examine it with a microscope magnifying three hundred times, we perceive a multitude of transparent, rounded granules, resembling small pearls, swimming in a

limpid liquid. These little balls, of which frequently more than a hundred ranged side by side are required to form the length of a line, are what are called milk-globules, composed, as chemical agents show us, of fatty or butyraceous matter, which, by their union through the means of churning, form butter. In pure and unmixed milk we absolutely discover no other matter than these globules, perfectly distinct, brilliant, freely swimming in the liquid, and of various sizes, from the smallest point to a certain dimension. If this was the only fact we had to examine, its proof would be of importance; since pure milk, collected under the most favorable circumstances, and from the best nurses, never presents a mixture of any other substances. It is therefore an unfavorable indication, of which we must take account, when we meet with other particles than the milk-globules properly so called, as happens under certain circumstances to which we shall presently advert.

"The composition of milk, like that of all fluid intended for the nutriment of new-born animals, is very remarkable. We find in it, as in the egg, all the elements necessary for the nutrition of the young, everything which enters into the structure of the various organs of the body. I shall hereafter point to another very important analogy obtaining between the milk and the blood itself, which it so approaches as to represent its different parts, so that it may be considered as a first state of that fluid—as a sort of blood as yet imperfect, which only wants, so to speak, one degree more of organization to become true blood. I shall quote some curious experiments, during which we have seen milk injected into the veins, circulate with the blood, supply its place to a certain point, and become rapidly transformed into the sanguineous mass."—P. 77.

The richness or nutritious properties of the milk is pretty exactly represented by the proportion of globules it contains—the sugar and caseum being usually proportionate to the amount of these. The utility of the *microscope* in deciding upon the quality of milk is therefore obvious. The results obtained by it and those procured by the more elaborate and difficult means of chemical analysis are in perfect accordance. The amount of cream furnished by milk affords a good approximative means of measuring the richness of the fluid—the globules rising, like all other oily substances in denser fluids, to the surface in the form of cream. The proportion of cream may be exactly ascertained by means of the *lactoscope*, or by small graduated tubes. M. Donné found that 100 parts of good human milk admitted into one of these tubes, furnishes three parts of cream, the milk of the ass but one or two parts, and that of the cow from 15 to 20 parts. A *too poor milk* is one of the commonest causes of want of success in suckling. The infant dwindles away, while the cause is frequently overlooked in consequence of the milk, though poor in the amount of globules, being abundant in quantity. Poverty of milk is also often found when it is small in quantity; but the two circumstances are in no wise connected, for there may be short supply of rich milk. This is only injurious because the alimentation is incomplete; but an abundance of poor milk may occasion great derangement of the digestive organs. "On many an occasion I have shown the coincidence of diarrhœa, or even muguet, with impoverished milk." But M. Donné has also frequently observed the ill effects resulting from a *too rich milk.* Children living in towns, and possessed of only a medium digestive power, may sometimes in this way be injured by the too nutritious milk of a strong country nurse. Most escape the consequence by means of the facility with which they vomit, but this is not the case with all. In meeting this difficulty we must bear in mind the experiments of M. Peligot, from which it results that the longer the milk *remains in the breasts the more aqueous it becomes;* and, likewise, if we divide the result of one milking of a cow into three portions, we shall find *that the first (or that longest secreted) is the most watery, the second richer; and the third richest of all.* So that, when the milk given to a child is too rich for it, we should elongate the periods of suckling; in this way giving the comparative feeble digestion time to digest each meal, while the consistence and richness of the milk become diminished during its sojourn in its reservoirs.

The milk may be subjected to *changes*, either from the admixture of morbid matters foreign to its composition, or from an incomplete development of its proper elements, whereby an imperfect formation becomes persistent. "The colostrum contains more or less perfect milk globules, united in little masses by means of a mucous substance, and corpuscles of a peculiar character, to which the name of granular bodies may be given. The colostrum is not converted into milk, properly so called, immediately after confinement; and even when the viscous yellow color of the fluid has become changed into the dead white of milk, the microscope may discover in the best nurses, for two or three weeks, some of the granular bodies swimming in the fluid." This is of no consequence; but in some women this colostral element persists for weeks and months; and in persons, where milk had hitherto been normal in composition, the granular bodies become developed under the influence of general disease or any local affection of the breasts. Milk of this description acts injuriously on the digestive organs of the child, and produces various symptoms which disappear as soon as a pure milk is substituted.

A more serious change is produced in the composition of milk by the presence of *pus.* An abscess of the breast will give rise to this when situated in the midst of the mammary gland, and in communication with the lactiferous tubes. When not so situated, it will only produce the vitiation in the condition of the milk before alluded to. But there may be suppuration in some deep-seated portions of the gland, without any external symptom; and M. Donné alludes to instances in which he has detected the existence of such, solely by the examination of the milk by the microscope. This is indeed the only means of detecting a small proportion of pus intimately blended with the milk, and is quite satisfactory; for, although there are both pus and milk globules, these differ much from each other.

"The milk globules, as I have said, are little spheres of various sizes, perfectly distinct in their contour, transparent in their centres, and soluble in æther like fatty matters. The others, on the contrary, are all nearly the same size, having a diameter of about 1-100 of a millimetre; they are fringed, granular, slightly opaque, insoluble in æther, but dissolve in ammonia, which does not affect the milk globules. Moreover, the pus globules, like all azotic matters, are changed to a yellow color by a solution of iodine, which exerts no effect on the color of the milk globules." —P. 102.

Even supposing we had no positive proof of milk so contaminated acting injuriously upon the child, prudence would lead us to remove it from such a breast. But, in fact, such experience does exist; "and so frequently has M. P. Dubois observed mischief result from the suckling children under these circumstances, that he always orders an immediate cessation of suckling on the part of any woman in whose breast the formation of an abscess is menaced. In fact, this is the best practice for both mother and child; for, so far from diminishing the engorgement of the organ, suction increases the inflammatory action, and makes the case worse. The breast should be left entirely at rest, and covered with an emollient poultice." M. Donné has nearly constantly observed that women troubled with cracked nipples have a spare quantity only of impoverished milk, very unfit for the nourishment of an infant.

PSORIASIS, SYCOSIS, TINEA.

By Robert J. Graves, M.D.

Early in the year 1846, my friend Mr. Pakenham, of Henry street, consulted me respecting a young clergyman who was annoyed by a redness occupying the skin of the upper lip. This redness was permanent, but liable to certain remissions and exacerbations, dependent on the state of the weather or the effects of diet. It was accompanied by a slightly elevated state of the engaged portion of the skin; but it had not the elevated pimples of acne, or the suppurating tubercles of sycosis. It might, perhaps, be termed psoriasis labialis, and, when much inflamed, secreted an increased quantity of epidermis. It annoyed him much, and prevented him from using his razor with comfort. He was very anxious to have this disfigurement removed, and had made use of many remedies, both general and topical, without benefit. As the disease had lasted several years, and had resisted all the remedies which had been tried, both by London physicians and myself, I advised him to go to Aix-la-Chapelle for the purpose of using the sulphureous waters. The German physician whom he consulted there considered that the disease depended upon a strumous origin, and directed him not to use the waters, but to try a course of cod-liver oil. This remedy agreed well with his constitution, and after some time he was able to consume two ounces of it daily, which, in about two months, effected a complete cure. That the German physician took a correct view of its nature I have no doubt, as several members of my patient's family have suffered from scrofulous diseases. It may be well to mention that the cod-liver oil was made into an emulsion with syrup, mucilage and orange-flower water, in which shape it is comparatively palatable.

Since this occurrence I have often had success in the treatment of local diseases of the skin which I suspected to depend on a scrofulous taint, and have thus cured obstinate cases of sycosis, impetigo and psoriasis. I may add that in all such patients I have combined with the internal remedy the insertion of one or more issues at a distance from the part of the skin affected; and in sycosis I follow Alibert's plan of maintaining an eruption on the arm with tartar emetic.

In certain diseases of the skin, particularly those allied to psoriasis, I have found the use of gelatine baths of the greatest possible service. Two gallons of size may be added to each warm bath for an adult, or, if the odor of even fresh size is objectionable, a similar quantity of isinglass, or calf's-foot jelly, may be used. A course of such baths, particularly in summer, will be found a most valuable auxiliary in curing dry and scaly diseases of the skin.

A patient of mine was affected with psoriasis of the scalp for several years. It was extensive but not severe, and did not interfere with the growth of the hair. He sought no remedy until it encroached on the forehead and thus disfigured him. He was cured by using hot-air sulphur baths for fifteen or twenty minutes daily for a month, and applying the following ointment to the roots of the hair every night at bed time: Biniodide of mercury, one scruple; prepared lard, one ounce; oil of lemon, five drops. An oil-silk bathing cap was worn at night, and the ointment was not washed out in the morning.

On a former occasion I have spoken of the utility of lotions of nitrate of silver applied to the scalp in tinea capitis, and I think it now right to add, as a caution, that a solution of ten grains to the ounce, rubbed over the affected spots with a camel's hair pencil, produced in one little girl a sudden inflammation of the whole scalp, causing many sloughing boils and such a morbid process as, it is true, perfectly cured the original disease, but, for the time, totally destroyed the hair on many part of the head. After two years, however, the hair again grew partially upon these spots, and at the present moment the new crop appears so much on the increase, that I am in hopes the deformity will be but partial. Since this untoward occurrence, I always commence the treatment with a much weaker solution.

In cases of psoriasis of the scalp and ears, back of the neck and forehead, cases which are often of an extremely obstinate and troublesome character, and occur frequently in young females, I have seen Sir P. Crampton adopt with success the following treatment:—A sixteenth of a grain of corrosive sublimate, dissolved in half a drachm of spirit of wine, is to be taken three times a-day, in four ounces of a mixture, composed of equal parts of infusion of yellow bark and decoction of sarsaparilla, together with Donovan's liquor cinchonæ, and the fluid extract of sarsaparilla. Along with this internal treatment, he advises the application to the parts of dilute citrine ointment, with the addition of about one third of the unguent. ceræ albæ. The above internal remedies are often useful in scrofulous ophthalmia. The late Dr. Colles likewise used the corrosive sublimate in this affection, both internally, and as a lotion externally, dissolved in spirits of wine.—*The Dublin Quarterly Journal of Medical Science.*

CASE OF POISONING BY VINEGAR.

By A. H. David, M.D., Montreal.

Poisoning by acetic acid is so uncommon an occurrence, I have to request a small portion of your valuable columns for the details of a case I met with a few days ago; in which the patient—a widow woman, with four children—took, as near as I could ascertain, a quart bowlful of common vinegar. It appears that she had been dull and low spirited for two or three days previous, in consequence of the neglect (as her friends suppose) of a person from whom she had received the most marked attention, and to whom she had been attached prior to her marriage with her late husband. When I saw her, about three hours after she had taken the vinegar, she was in bed, covered with a cold perspiration, and trembling from head to foot, and apparently alarmed at everybody and everything about her. Her breathing was very laborious and hurried; her countenance perfectly wild, and the pupils dilated; the tongue was dry and cold; pulse 96 and full; the abdomen much distended, with extremely acute pain at the *scrobiculis cordis*, so much so, that the slightest pressure there caused her to shriek out. She did not know any one about her, not even her own children, nor had she any recollection of anything that had happened from the time of taking the vinegar, which was about 11 at night, not even of her having gone to bed, which she was the last in the house to do. About 1 o'clock the inmates were all awakened by her shrieking for cold water, of which she had drunk an enormous quantity before I was called to see her. There was not any pain, heat, or constriction of the throat or fauces, but there were slight efforts to vomit. Having procured some sulphate of zinc, I gave her two scruples in a cup of water, which soon produced full vomiting, with great straining. I had then to leave her, but ordered full and repeated doses of carb. magnesia, till I could see her again, which I did about six hours after, and found her much relieved, and only complaining of headache, which left her after the operation of a dose of castor oil. Two days after, she was taken ill with a slight attack of continued fever, but is doing well.

I should mention that the quantity she threw up from the effects of the zinc was very great, and smelt strongly of vinegar, which she still perseveres in saying she did not take, although she was seen with the bowl filled with it in her hands by some of the family, when they were retiring to rest, she maintaining that she used the whole of the vinegar in bathing her head. However, I think we have strong presumptive evidence against her having so used it, and are justified in concluding that she took the whole of it.

The only case of poisoning by acetic acid that I have been able to find, is the one related by Orfila in the Annales D'Hygiene, and quoted by both Beck and Christison. The experiments instituted by Orfila prove that common vinegar, in large quantities, was found destructive to dogs when vomiting was prevented.

Taylor, in his work on Medical Jurisprudence, says, "Acetic, citric and tartaric acids are not commonly considered to have any poisonous action on the body. At least, as far as I know, there is no case reported of their having acted injuriously on the human subject;" and he is the only modern writer on medical jurisprudence who takes any notice or makes mention of acetic acid.—*British American Journal of Medical and Physical Science.*

ON THE USE OF EUPATORIUM PERFOLIATUM, THOROUGHWORT, BONESET.

By. T. T. Lockwood, M.D.

Eupatorium is a tonic, diaphoretic, expectorant, emetic and aperient. The herb derived its domestic name of boneset from its prompt manner of relieving pains in the limbs and muscular system.

In the following diseases I have found the boneset peculiarly valuable: Influenza, catarrh, bronchitis, chronic hepatitis, dyspepsia, chlorosis, intermittent fever, anorexia consequent on drunkenness, sub-acute and chronic rheumatic affections.

Influenza.—In this disease we generally have to encounter pain in the fore part of the head, sometimes extending down to the cheek bone, pain in the back and limbs, with feelings of lassitude and universal prostration, harassing cough, dyspepsia, pulse feeble and vacillating. One peculiarity of influenza is, that the cutaneous surface generally exhales a morbid perspiration, resulting apparently from a passive state of the skin.

When the attack of influenza is unusually severe, accompanied with a bilious derangement of the stomach and bowels, it is generally best to precede its employment by a mercurial cathartic. The boneset is peculiarly applicable to the treatment of this disease as it occurs in old people.

In the treatment of *chronic hepatitis* with the thoroughwort, the mode of administering it should be varied. Every third or fourth day, the warm infusion should be given to the extent of inducing slight emesis, and during the intermediate days a moderate use should be made of the cold and warm infusions alternately.

In *intermittent fever* it will not do to rely upon the eupatorium alone. My experience in the treatment of the latter complaint with this remedy has been pretty extensive, and I am fully satisfied that it has no specific influence over the paroxysms, and should only be looked upon in the light of an auxiliary.

In *anorexia* consequent on drunkenness, the boneset, from its combination of properties, is a useful remedy. It restores the tone and action of the stomach, and acts as a slight stimulant to the biliary organs. In the last complaint, the cold infusion is generally indicated.

It does not seem to increase the force and frequency of the heart and arteries, but holds a middle rank between the relaxing and stimulating diaphoretics.

A small quantity of the cold infusion of boneset can be used in the latter stages of typhoid or typhus fevers with marked good effect. It preserves the action of the stomach and bowels. Manner of administration: When we give the boneset with a view to its diaphoretic or emetic effect, the patient, after being covered in bed, should be induced to drink a wineglassful of the warm infusion every half hour. After the fourth or fifth dose, considerable nausea, with free diaphoresis, ensues; should vomiting be desired, give the patient one or two doses more.

Preparation.—One and a half ounce of the dried leaves in one pint of boiling water.

In most of the diseases in which I have recommended the boneset, bloodletting is of little avail. The latter seems to have scarcely any control over bronchitis, influenza or catarrh. It weakens the patient without making a decided impression upon the disease, and, to say the least, it is of doubtful propriety.

I do not recommend the boneset as a panacea, but consider it as a valuable indigenous herb, one that is too much neglected by the regular profession. It should be collected about the tenth of August.—*Buffalo Medical Journal.*

LEUCORRHŒA.

[Communicated for the Boston Medical and Surgical Journal.]

Leucorrhœa (or *fluor albus*, as it is sometimes called, from the appearance of the discharge of a thin white or milky secretion from the vagina of women not infected with a venereal virus) is of very frequent occurrence, and hence a correct understanding of it is important. For to attempt a cure in any case without a thorough acquaintance with the origin, causes and pathology of the complaint, is preposterous. In the treatment of disease, we must be guided chiefly by the actual condition of the whole system, as well as that of the diseased parts. This being granted, I can show that the mass of practitioners in this country are constantly treating leucorrhœa erroneously. They have one plan, they pursue that; and when it is adapted to the condition of the patient, benefit is derived; if it fails, the case is put down amongst the "incurables." One has this method, another has that; they all sometimes cure, but oftentimes they fail of their end, because not applied upon correct pathological principles.

Now there is no *one mode* of treatment for leucorrhœa; at *all times* the malady is to be managed in accordance with the general principles of medical science—and to be skilful in the application of these principles, it will be necessary to keep the pathology and causes of the disease constantly in view.

This disease consists of a peculiar inflammation of the mucous membrane of the vagina, or uterus, or both, and sometimes of ulceration of these parts, which latter appears to me to be caused by the inflammation. It is characterized by a more or less copious discharge of white matter from the vagina; in bad cases the secretions are yellowish or greenish, with an offensive odor, resembling that issuing from the vagina of one affected with *gonorrhœa virulenta.* It so closely mimics the latter, that it is often difficult to decide whether the case be not really gonorrhœa. Men who have intercourse with a patient of this class, are liable to suffer from the infection. Physicians are at times called upon to decide whether the case be one of leucorrhœa or gonorrhœa. Every practitioner has been tried in instances of this kind, and his judgment been given more upon the good or bad character of the woman, and the circumstances of the case, than upon his own real knowledge of the matter; and I believe often, after strict inquiry, he has failed in the end of a true diagnosis. But leucorrhœa in its worst forms requires nearly the same management as gonorrhœa; therefore an error is not dangerous, in a practical point of view.

After the discharge is established, and has for some time been kept up, the patient complains of debility, loss of appetite, great fatigue in the erect posture, pain and dragging sensation in the back and loins; she likens the pain sometimes, in severe instances, to the gnawing of a dog at the spine. Headache is a constant symptom. She becomes nervous and irritable. Painful micturition is mostly present during the complaint. A well-known train of horrid and sometimes fatal symptoms follows, if the disease is suffered to go on unchecked, the patient dragging out a miserable existence or finding a premature grave.

Leucorrhœa may come on without any apparent cause, as it does frequently in juvenile females and infants; but more commonly it is the result of some kind of irritation, as masturbation, too frequent intercourse with men, miscarriages, prolapsus uteri, &c. Prolapsus may induce the whites by exposing the mucous membrane to the air, to friction, &c.; the latter may bring on the other complaint, by producing a relaxed condition of the muscles of the uterus, &c.; so that one of these affections is not unfrequently the causing agent of the other, and they often co-exist.

If our attention was early directed to these patients, we should in general be able to perform a permanent and speedy cure. But the contrary is most commonly the case; we are not consulted till the disease has become established, and the patient exhausted by the constant drain and irritation which has been so long kept up. But we shall always be able to promise *relief* in due time, often a permanent cure.

When leucorrhœa attacks a person otherwise healthy, we should prescribe aperient doses of Epsom salts (general or local bloodletting will scarcely ever be required), and apply a strong solution of argent. nit. to the parts affected, two or three times a-day. The diet should be abstemious. The patient should take only gentle exercise for eight or ten days, in the course of which time a cure will most likely be accomplished. This is the general plan of treatment best adapted to *acute* leucorrhœa.

In cases of long standing, we have a different course to pursue. The patient should avoid *stimulating* food and drinks, but a nourishing diet is mostly beneficial. Good porter and old wine are often useful in promoting strength and appetite. Gentle exercise, in and out of doors, if the patient endure it well, is very proper. At first the warm hip bath, and afterwards the cold shower bath, are remedies that I think much of. We are to prepare the patient for the cure of leucorrhœa before we treat her for any particular complaint; i. e., we must endeavor to restore the functional harmony, and then strike at the root of the disease in question. It is useless to attempt a cure, without relieving the patient of the numerous difficulties which often attend the complaint before we apply our remedies for the local disorder. This part of our duties will vary with the peculiarities of constitution, age and habit, and the other circumstances of the cases, as we before stated.

If ulceration has not taken place, we may next administer the tincture of cantharides and steel, for such length of time, and in such doses, as are required. R. Tinc. ferri chlorid., tinc. cantharidi, āā ℥ j. M. Dose, from twenty drops to two teaspoonfuls three times a-day. Or, a mixture of the carbonate of iron with the cantharides (and sometimes a little of the tincture of opium should be added to quiet the irritation) is a convenient form for this use. Or, R. Ferri sulph., ʒ j.; pulv. cantharid., grs. xx.; syrupi, q. s. M. et ft. massa in pil. no. xxx., dividenda. Dose, from one to three pills thrice a-day. The smaller doses should first be used, and the quantity increased until the flies produce their accustomed effect upon the urinary apparatus, when we should return to the smaller quantity, and in this way employ the remedies for a suitable length of time, when we may use the iron *per se*, or substitute other tonics for it, as bark, quinine, the vegetable bitters, &c. At the same time the vagina and uterus, if implicated, should be injected with the caustic solution thrice daily.

But if there is ulceration (which rarely happens), the iodide of potash and the compound syrup of sarsaparilla may be advantageously given, at the same time we may stimulate the ulcerated surface with lunar caustic; then we can bring in the flies and iron with the happiest effects as secondary agents.

Women who have the whites are very liable to white specks, or vesicles, over the whole mucous membrane of the vagina, strongly resembling those seen in the mouth and on the fauces of those who have *stomatitis.* Though this is not so alarming as ulceration of the parts, nearly the same remedies are required for its cure.

It is highly important to know the true nature of our patient's case. Though we can form some idea from symptoms, the character of the discharges, &c., it will be proper to examine the parts; and if we are apprehensive of much difficulty in arriving at a correct diagnosis, we must employ the speculum. When the disease is within the uterus, the best way to apply the nitrate of silver is to inject the caustic solution, of suitable strength, through a male silver catheter, previously inserted into the *os* uteri, while the patient lies on her back. This operation should be resorted to daily, till marked benefit has resulted from the use of the remedy; after which, every other day or so will do very well.

The patient should early be instructed that *cleanliness* is a very important part of the treatment. I recommend daily ablutions of the whole body, and a thorough washing of the vagina night and morning, with tepid water, thrown in by means of a common uterine syringe. The patient should abstain from sexual intercourse during the time she is subject to the disorder, as such indulgence very much retards the curative process.

Women who suffer from this complaint should avoid violent exercise, all kinds of exposure, attend scrupulously to their diet and clothing; and after they have discontinued remedies, they should continue the shower bath, and wash the vagina with a solution of borax or the sulphate of zinc twice a-day. CLAUDIAN.

August 26, 1847.

CROTON OIL IN INFLAMMATION OF THE BOWELS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Your Journal of the 5th inst. contains an interesting report of a case of "inflammation of the bowels," by Dr. Miller; and although I am not disposed to criticize the report unjustly, or to call in question the propriety of the treatment adopted by Dr. M., it does appear to me that the inferences drawn, and the decided opinion expressed by the writer, that the croton oil was the principal and effective agent in the case, may lead young and inexperienced practitioners to prescribe that potent and highly valuable article injudiciously. It has been very justly remarked, that "it suits best leuco-phlegmatic subjects, and persons whose congestions are *venous, not arterial; passive, not active.*" What was the condition of Dr. M.'s patient, when he adopted the heroic practice of bleeding to the amount of two and a half pounds, of giving ʒ ss. of chlorid. of mercury, with opium and castor oil? To me it appears unquestionable that there was inflammation of the peritoneal coat of the intestine, and that the course pursued by Dr. M. admirably prepared the way for the successful administration of *croton oil*, and that the use of it *prior* to venesection, calomel and opium, would not have been followed with the results with which Dr. M. and his patient have now so much reason to be gratified. W.

August 23, 1847.

NITROUS OXIDE GAS IN ASPHYXIA.

[MR. G. W. F. MELLEN, a chemist of this city, in a long communication recommends the employment of the nitrous oxide gas as a means of re-animating persons apparently drowned, or those asphyxiated by the fumes of burning charcoal. After stating the reasons why he supposes death to be produced in the same way in both these cases, and referring to some experiments, he proceeds to the mode of preparing and administering the remedy. As this gas has of late acquired some little notoriety in another field of humane experiment—that of producing *unconsciousness*—perhaps it may be thought a matter of importance, or at least of curiosity, to try its effects, as recommended by Mr. M., in *restoring* life and consciousness in the cases mentioned. He says—]

I would recommend that as soon as may be, after a person has been taken from the water, or from a room where charcoal has been burning, nitrous oxide gas should be made, and applied to the nostrils, after having the mouth closed, so that the gas might be forced into the lungs, until life is restored, or it is found evident that the case is too far gone for recovery. A common bladder filled with the gas might answer the purpose.

The following is the way to prepare it. Although the nitrate of ammonia may not now be found, very often, on the shelves of apothecaries, yet, no doubt, if it should finally answer the purpose, no humane man of their number would be willingly without it, that he might at all times be prepared for any exigency. "The best way is to expose the salt called *nitrate of ammonia* to the flame of an argand lamp" (if that is not handy, a spirit or a common lamp may be used), "in a glass retort. When the temperature reaches 400° F. a whitish cloud will project into the neck of the retort, accompanied with a copious evolution of gas, which must be collected over mercury for accurate researches, but for common experiments may be received over water." Or it may be made to pass directly into a bladder, with a stop-cock attached to it, first having the common air expelled.

The theory of its operation, would be this. The superabundant oxygen (there being about twice as much oxygen in the nitrous oxide as there is in common air) would combine with the charcoal, that has accumulated in the blood, and come off in the form of carbonic acid gas, and the nitrogen would combine with the blood, and thereby render it fit for circulation.

If nitrous oxide could not be obtained, no doubt it would be a good plan to blow common air into the lungs, as has before been recommended, by a pair of bellows, through the nose, stopping the mouth, and then forcing it from them by compressing the ribs. A constant repetition of this might, in some cases, prove effectual—pure air being better than that blown in by the mouth of an individual, as is sometimes done. If possible, however, I should obtain the nitrous oxide, and should administer it even if the person was not apparently dead, using judgment in the amount that might be required in any case. A quarter of a pound of the nitrate of ammonia might be enough to be used in any given case. An ounce or less might answer, but allowance should be made for waste.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, SEPTEMBER 15, 1847.

Trial for Mal-practice in Pennsylvania.—A case was recently tried in West Chester, Pennsylvania, according to the papers, the essential points of which were as follows:—

"It was a suit brought by Nicholas Coleman, a colored man, against Dr. Henry Munholland, a physician of considerable standing and practice, in Waynesburg, Chester County, to recover damages for alleged want of skill. The damages were laid at $3000. Coleman based his case upon the fact that his shoulder was put out of joint by being thrown from a horse in December, 1844, which he says Dr. Munholland was sent for to reduce to its place—that he (Dr. M.) regularly attended him for three weeks, applying bandages and other remedies for the injury—that another physician (Dr. Pennington) was called in subsequently, who pronounced the shoulder still out of joint, and, assisted by another physician, attempted to reduce the dislocation, but failed. Some time afterwards Dr. Pennington called and pronounced the shoulder still out of joint, and took him to Dr. Atlee, at Lancaster, who operated upon him. The defendant took the ground that Coleman was doing well under his treatment till he went to the fox chase, about three weeks after the accident—that prior to going to said fox chase, he was able to raise his arm to the top of his door, and bear some weight upon it.

"Dr. J. L. Atlee, of Lancaster, testified clearly as to the operation performed by him when Coleman was brought to Lancaster; that the dislocation was then and there perfectly reduced; and that it so continued when C. again visited him about two weeks thereafter. Professor Atlee, of Philadelphia, who was present at the operation, also testified to the same effect. These gentlemen also testified that the means used by Dr. M., when he first visited C., were the usual and proper ones—that the bandaging of the arm to the body was not necessary in all cases.

"Drs. Davis, Coates and Hartman, also testified that they seldom deem it necessary to bandage the arm to the body in case of dislocation of the shoulder. The Drs. Atlee testified that in cases of dislocation, attended by much swelling (as in this case), physicians were liable to be deceived (although they never had been), and would sometimes pronounce no dislocation, when dislocation existed. Dr. J. L. A. had known instances of this in physicians of respectable standing and long practice.

"According to Coleman's statement, made when taken to Lancaster, as given by Dr. Atlee and according to a witness who was present, the operation by Dr. P. was very violent, the force applied powerful and long continued—the extension downwards and backwards—and the pain consequent thereon was said by C. to have been greater than any experienced since the accident.

"The physicians examined by the defendant concurred in expressing the opinion, that it was regarded as a breach of professional etiquette to interfere with a patient in charge of a physician, without previous consultation or communication with that physician. The defendant proposed to offer in evidence his diploma, as a physician, dated in 1832, and also to examine witnesses as to his reputation and standing as a physician and surgeon; but being objected to by plaintiff as inadmissible, it was ruled out by the Court.

"The jury, after an able argument on both sides, rendered a verdict of $30 damages."

Improved Operation for Hernia.—A communication appeared in this Journal last week, from Dr. Heaton, of Boston, which we recommend to the consideration of surgeons. Without reference to the various schemes proposed, in by-gone times, or those which stand well with the profession at the present moment, either for ameliorating or radically curing hernia, it will be generally admitted that there is much room for improvement on the ordinary methods of giving the patient permanent relief. Because the resources of operative surgery are uncertain, ingenious mechanical contrivances have been devised to ameliorate, what experience and skill, with the assistance of nature herself, could not cure. Truss-making and truss-selling, therefore, are prominent kinds of business, as they probably always will be in a country where all the people labor. Although these instruments are useful, and not to be dispensed with while the opening into the abdominal cavity allows the bowel to gravitate through the ring, they are an incumbrance, interfering with the perfect freedom of the body. Within a few years, an alleged method of accomplishing a radical cure has been extensively practised both here and at the West, but which has not received that notice which we think its real importance demands, because the inference among the faculty has been that it is shackled with a patent. Hence the profession appear not to have encouraged it, and the people consequently have known but little or nothing of it, as those who would be most likely to announce and sustain a marked discovery in their own calling, have neither recommended, practised or given countenance to it. This is a misfortune that embarrasses the success of this new and most successful operation for the radical cure of hernia. If we are mistaken in our estimate of its importance, or it should prove in the sequel that there is a mystery connected with it, we shall readily acknowledge the error. Suffice it to say, that the very worst kinds of hernia known to us have been mastered by the new operation—which seems to be nothing more than a subcutaneous fretting of the edges of the muscles, at short intervals, with a needle, and thus producing inflammation which closes the unnatural aperture. Perhaps the injection of fluids, tending to the same result, may be a part of the practice. Those of our surgeons who have watched the progress of Dr. Heaton's success, would cheerfully, we doubt not, admit that he has overcome difficulties that were not contemplated, and healed cases that were never permanently cured by any measures taught in the books or by the schools.

In common with many gentlemen, we examined the enormous hernial tumor that presented in the person of Mrs. H., whose case appeared in the Journal last week, which at first seemed to bid defiance to the boldest efforts of the surgeon. But it has yielded, and the woman is now well. He hesitated over the appalling tumor, but, encouraged by the possibility of saving a valuable life, since death was inevitable from the hernia, if not relieved, he undertook the operation, and success crowned the hazardous undertaking.

Now the question arises—shall an inquiry be instituted, under the guidance of some of the associations, and a report made upon the character of the new practice? If anything in surgery is truly ridiculous, and lays the profession open to animadversion, it is in persisting, with an obstinate spirit, against improvements, just because they are novel.

Since commencing these observations we have been informed that there are no patented restrictions in the matter; and further, that eminent operators are beginning to reflect upon the subject, as though the possibility of there being a new principle at stake might pass as an apology for thinking about it.

Believing that the new method of inguinal exploration in hernia, with a needle, in the hands of Dr. Heaton, followed by results so encouraging, deserves the candid examination of those most competent to decide upon its merits, we have called their attention to the matter without hesitation.

New Obstetrical Forceps.—That indefatigable inventor and improver of surgical apparatus, Dr. Smiley, has brought out a modification of the midwifery forceps in ordinary use. Instead of the lock-joint, the shank of one blade has a mortice in it, about an inch and a quarter long, allowing it to slide to and fro—kept in a right line, however, with the other half, by a tenon, projecting from the fixed half of the instrument. A thumb screw, by simply turning the head half round, will permit the blades to be separated. Of the advantages of this movement and connection, those practising midwifery extensively will be most competent to decide. Mr. Hunt, corner of Washington and Water streets, is the manufacturer, and no one succeeds better in producing highly-finished surgical apparatus and cutlery. A specimen of these forceps will be on exhibition at the coming Faneuil Hall Fair.

Rare and Delicate Medicinal Preparations.—Mr. Burnett, Tremont st., has recently received from Paris a costly variety of rare pharmaceutical preparations, in which the French chemists are so well known to excel. He has iodide of quinine; do. of arsenic; do. zinc, &c.; valerianate of iron; do. zinci; aconite, &c., at one dollar and a quarter the grain! Also pure sulphuric ether, concentrated. The new and important use of this last article requires that it should be as pure as possible, and that sold by Mr. Burnett may be depended upon, as he allows nothing inferior to be sold on his premises.

Essex Co. Health Insurance Co.—A correspondent calls our attention to this institution, recently organized and now in active operation. The observations in the Journal recently in regard to the Massachusetts Health Office, may be applied to this, with equal force, as far as we understand its objects and intentions. Seven hundred and fifty policies had been issued up to the first of last week, and yet the office was not created till April last, which shows that the public repose confidence in the managers.

"The stock of the Company is divided into two thousand shares, of $25 each, one fifth of which is to be paid in cash, and the other four fifths by a secure note, thus furnishing ample guaranty to the insured, and at the same time enabling persons of the most moderate means to hold the stock of the Company, as well as to partake of the benefits of the insurance.

"All male persons between the ages of 15 and 65 years, insured by this Company, are entitled to a weekly benefit whenever incapacitated, by accident or disease, for pursuing their ordinary avocations."

Those	paying	$3,00	per year,	to draw	$2,00	per week;
"	"	4,00	"	"	3,00	"
"	"	5,00	"	"	4,00	"
"	"	7,00	"	"	5,00	"
"	"	9,00	"	"	6,00	"
"	"	11,00	"	"	7,00	"

Physicians have it in their power to aid both the patient and these beneficial associations, in their intercourse with the sick, by explaining the principles upon which the institutions are established. The premium is so small, and the return in case of inability to labor so certain. that the advantages from them are very great to the larger part of the community. This company has an agency at No. 4 State street, Boston.

Loss to Science.—A gentleman informs us that a system of anatomy, the labor of some years, was nearly ready for publication, by the late Dr. T. G. Upham, of this city, which by his sudden and lamented death was left in that peculiar condition that it would be very difficult for any other person to finish the manuscript according to the author's design. A new feature in the classification is spoken of as a point that would have given the work general eclat; and for students, whose special wants in the lecture and dissecting rooms were contemplated, an impression exists that Dr. Upham's book would have held the highest place in the schools.

Third Dentition—Vicarious Menstruation.—The following case, similar in kind to those reported lately by Dr. Graves, and copied into this Journal week before last, is from the last number of the Southern Journal of Medicine and Pharmacy, and is related by Dr. R. S. Bailey.

"Mary Ann (property of Mrs. Maybank), supposed to be between seventy and eighty years of age; very active for that period of life; attends women in labor and frequently engaged as a nurse; can recollect events in the revolutionary war; the book having been lost which contained the record of her birth, does not know her exact age. She is somewhat tall in stature, of a kind and benevolent disposition, and remarkably fond of children; has had offspring, but none of her children now living; upwards of three years ago she had a severe attack of pleurisy, which left her very feeble, and last winter was affected with dysentery, attended with considerable pain; her health, however, became gradually established, and she appears to have acquired additional strength and vigor. The catamenia disappeared early in life. Two months ago an incisor tooth made its appearance in the inferior maxilla, and a month afterwards, having previously experienced pains about the back and loins, a sanguineous, dark-colored fluid was discharged from each nipple. It varied in quantity, but was generally more during the night than in the day. There was no enlargement of the mammæ, nor was the discharge attended with pain, but she complained of weakness. The only medicine she took was a little magnesia. It has now ceased. I have heard agriculturists remark that when old trees put out blossoms it prolongs their lives, and such is the analogy between the vegetable and animal creation, that what occurs in the former may possibly be indicative of longevity in the latter."

Abolition of the Concours in France.—It would appear that there are objections to the election of professors by concours, which we, who have advocated the plan, have not been made acquainted with. Some of the advantages conferred by this method, we still think, cannot be obtained from any other, though it is possible that these are outweighed by its disadvantages. The following paragraph from the London Med. Gazette is all we have yet learned on the subject of its abolition in France.

"The Chamber of Peers has come to a vote by which the system of election by Concours in France is abolished. Some of the noisy advocates of this electioneering practice are about to present a protest to the Chamber of Deputies against this vote, and to require a restoration of their favorite panacea for bringing out professional talent! But the feeling of the most eminent and experienced men in the profession is decidedly against the re-establishment of this system."

Lake Monroe, in Florida.—Several articles have lately appeared in this Journal respecting a new retreat for consumptive invalids in Florida, at a place called Enterprise, on Lake Munroe. Dr. Wurdemann has some further particulars respecting it in the last number of the Southern Journal of Medicine and Pharmacy. This is a matter of much interest to the profession and to many others in the Northern States, and we shall be anxious to hear the opinions of other competent, disinterested persons, who may have visited the place. Dr. W. says "the temperature of Lake Monroe is just sufficiently cool and bracing during the winter to entice the invalid to take out-door exercise. Situated in latitude 28½, about 100 miles south of St. Augustine and thirty miles from the sea, it possesses a dry atmosphere, with breezes as soft as those which in the tropics lull into quiet repose the irritable nerves of the invalid, while the climate is free from the oppressive heats of the latter. North winds, somewhat like the tropical *northers*, generally succeed a south wind, but the latter only is accompanied by a short shower of rain; and although the mercury falls lower than in Cuba, the cold is bracing, is devoid of dampness and does not chill. The gulf stream, too, running close to the corresponding sea coast, deprives the north-east winds of their keenness; while the sandy, pine forests, through which they pass before they reach Enterprise, absorb all their superabundant moisture, and leave them as soft as the tropical trades; neither hair nor burnt powder, two most delicate tests of humidity, ever showing its presence, except during a shower or an occasional morning fog. The winter, also, is the *dry* season; and fogs, so prevalent in Cuba, are rare, and rain falls very seldom. Comparing the climate of Enterprise with that of the West Indies, we would liken that of the latter to our hot summers, requiring the invalid to be clothed in thin linens to bear the heat; while a genial, spring-like temperature prevails in the former, like that of our May or a northern June. The sun in the mornings and afternoons is seldom too warm to render an exposure to it unpleasant, and the cold, on the few days when frost is formed, is not sufficient to kill such tender vegetables as peas or potatoes, which yield abundantly throughout the winter. Indeed, during the months of December, January, February and March, the invalids who wintered there with us, some of whom were far advanced in consumption, lived almost entirely out of doors during the day, amusing themselves by sailing and fishing on the lake, or by exploring expeditions through the woods, on foot and on horseback. A remarkably diminished susceptibility to "taking cold" was felt by all; and those who at home had carefully avoided the open air, often remained after night in the piazzas with impunity."

A thermometrical table is here given for the months of January, February and March. The range of the thermometer during January appears to have been from 32 to 82; during February, from 37 to 84; during March, from 44 to 87. With regard to the manner and expense of reaching Enterprise, Dr. W. says:—

"It may not be inappropriate here to devote a few lines of advice to invalids, especially those of the more northern States, on the time to come South. The first cold spells of winter should be avoided, by reaching Charleston in the beginning of October, which month spend in Aiken, a village on the Hamburg railroad, possessing a delightful fall and spring climate; early in November take the daily steamer for Savannah, passage inland, price $5—thence the semi-weekly steamer for Jacksonville, passage inland, price $9—thence the weekly steamer for Enterprise, passage inland, price $6. Boarding in Florida varies from $5 to $6 a week, and at Enterprise the table is abundantly furnished with venison and other game."

Harvard University—Massachusetts Medical College.—In the academic year ending August, 1847, the following candidates for the degree of Doctor in Medicine have received that degree. At the semi-annual examination in March:—

Thomas Andrews, Jr., *Tubercle.*
George Manton Angell, A.B., *Chlorosis.*
Washington Ayer, *Hemoptysis.*
William Brown Bugbee, *Infantile Remittent Fever.*
Augustus Hannibal Burbank, A.M., *Mental and Moral Causes of Disease.*
Milan Galusha Carey, *Pneumonitis.*
Rowse Reynolds Clarke, *Dysentery.*
Roswell Cutler, *Dental Caries.*
Robert Thompson Davis, *Phlebitis.*
Ebenezer Wade Drake, *Intermittent Fever.*
Samuel Smith Drury, *Scarlatina.*
John Favill, Jr., *Pericarditis.*
Daniel Francis, *Pleurisy.*
Daniel Lewis Gibbens, *Tetanus.*
Benjamin Franklin Gilman, *Cholera Infantum.*
Jacob Frederick Harlow, *Scrofula.*
John Wesley Hinckley, *Skin.*
Thomas Holyoke, *Cholera Morbus.*
Luther Ambrose Martin, *Epilepsy.*
Dennis McGowan, *Delirium Tremens.*
John Joseph M'Gowan, *Asthma.*

Marcus Aurelius Moore, *Fractures.*
Henry Preston Pratt, *Hysteria.*
Robert Cleghorn Rees, *Intermittent Fever.*
John Gallison Sewall, A.B., *Acute Rheumatism.*
John Taylor, *Pneumonia.*
Gustavus Taylor, *Inflammation.*
Ira Wadleigh Tobie, *Dysentery.*
Joseph Underwood, *Pleurisy.*
Jabez Baxter Upham, A.B., *Croup.*
John Burgin Wadleigh, *Acute Pleurisy.*
Thomas Beale Wales, A.B., *Cancer.*
Joseph Brown Walker, *Puerperal Peritonitis.*
Lewis Edwards Whiting, *Diagnosis.*

At the examination in August :—

Charles Henry Crane, A.B., *Intermittent Fever.*
John Call Dalton, A.B., *Urine.*
David Dana, *Pneumonia.*
Jerome Dwelley, *Sulphuric Ether.*
George Faulkner, A.B., *Apoplexy.*
Tappan Eustis Francis, *Nephritis.*
John Henry Jennings, *Peritonitis.*
Ralph Kneeland Jones, *Cytogenesi.*
Henry Addison Searle Nichols, *Hepatitis.*
John Merrill, *Pneumonia.*
James Winchell Stone, A.B., *Hygiene.*
Luther Parks, A.M., *Typhoid and Typhus Fever.*
Charles Wadsworth Whitcomb, *Absorbents.*

Medical Colleges.—The University of the State of New York, or rather the College of Physicians and Surgeons by their Trustees and Faculty, have strengthened their corps of professors, and their curriculum of studies has also been increased by the appointment of Professor Clark, of Pittsfield, to the new Chair of Physiology, Pathology and Microscopy. Their term of lectures is extended to five months, with a preliminary course on important subjects, commencing in September.

The Medical Department of the University of the City of New York adhere to their old term of four months for their regular course, and give a month's preliminary course without extra charge. In filling the vacancy occasioned by the death of Professor Revere, they have made a happy selection. Their new professor, Dr. Dickson, is an able and accomplished teacher, who will do honor to the College, and strengthen the professional talent of the city.

To CORRESPONDENTS.—An interesting letter from Prof. Drake, of Louisville, Ky., now travelling in Canada, respecting the ship fever as it has prevailed at Gros Isle, near Quebec, has been received, and will appear next week.—A paper on aphthæ has also been received.

MARRIED,—J. A. Preston, M.D., of Southampton, L. I., to Miss Emily Richmond, of Westford, Conn.

Report of Deaths in Boston—for the week ending Sept. 11th, 115.—Males, 63—females, 52.—Stillborn, 3. Of consumption, 11—typhus fever, 10—disease of the bowels, 36—dysentery, 15—inflammation of the bowels, 2—infantile, 12—debility, 2—marasmus, 2—dropsy on the brain, 5—quinsy, 1—brain fever, 4—teething, 1—hemorrhage, 1—disease of the liver, 1—drowned, 1—convulsions, 1—rheumatic fever, 1—jaundice, 1—dyspepsia, 1—diarrhœa, 6—cholera infantum, 2—dropsy, 1—scrofula, 1.

Under 5 years, 71—between 5 and 20 years, 11—between 20 and 40 years, 23—between 40 and 60 years, 8—over 60 years, 2.

Scrofula.—"It may truly be asserted," says Dr. Cumin, "that no original temperament or frame of body confers immunity from scrofulous diseases, for it is observed to originate in the healthy offspring of healthy parents, under circumstances, the principal of which are, habitual exposure to cold and damp, with insufficient food, privation of pure air, and want of healthful exercise. Instances are recorded where persons in good health have been affected with scrofulous diseases after being confined in dungeons or prisons, and there scantily fed. The influence of such causes in producing scrofulous diseases in the inferior animals, has been made the subject of experiment by Dr. Jenner, Dr. Baron, and others, and the results have satisfactorily proved, both the great extent of that influence, and the power we possess of removing the factitious disease by replacing the animals in healthy situations, and supplying them with wholesome food."

Oxide and Nitrate of Silver.—Dr. Barrow, of Sussex House, Hammersmith, states, that he has been in the habit, for the last three years, of prescribing the oxide of silver, and the nitrate for the last twenty years, in cases of morbid conditions of the stomach and alimentary canal, with the happiest effects, but always in solution. He has found the nitrate an invaluable remedy in the convulsions of children. He directs half a grain of either salt to be dissolved in a drachm of distilled water, and mixed, when about to be taken, with half an ounce of thick syrup, the latter serving to cover the brassy taste of the salt.—*Lancet.*

COLLEGE OF PHYSICIANS AND SURGEONS.—UNIVERSITY OF THE STATE OF NEW YORK.

The Forty-First Session of the College will be commenced on Monday, 18th October, 1847, and continued until the second Thursday in March, 1848.

Alexander H. Stevens, M.D., President of the College and Emeritus Professor of Clinical Surgery.
Joseph M. Smith, M.D., Prof. of the Theory and Practice of Medicine and Clinical Medicine.
John B. Beck, M.D., Prof. of Materia Medica and Medical Jurisprudence.
John Torrey, M.D., LL.D., Prof. of Botany and Chemistry.
Robert Watts, Jr., M.D., Prof. of Anatomy.
Willard Parker, M.D., Prof. of the Principles and Practice of Surgery.
Chandler R. Gilman, M.D., Prof. of Obstetrics and the Diseases of Women and Children.
Alonzo Clark, M.D., Lecturer on Physiology and Pathology (including Microscopy).
Gustavus A. Sabine, M.D., Demonstrator of Anatomy.

Fees—Matriculation Fee, $5; Fees for the full Course of Lectures, $108; Demonstrator's Ticket, $5; Graduation Fee, $25; Board, average $3 per week.

Clinical Instruction is given at the New York Hospital daily, by the Medical Officers, (Prof. Smith being one of them,) fee $8 per annum; at the Eye and Ear Infirmary, without fee; and upwards of 1000 patients are annually exhibited to the Class in the College Clinique. Obstetrical cases and subjects for Dissection are abundantly furnished through the respective departments.

The Annual Commencement is held on the second Thursday in March; there is also a semi-annual Examination in September. The requisites for Graduation are—21 years of age, three years of study, including two full courses of Lectures, the *last* of which must have been attended in this College, and the presentation of a Thesis on some subject connected with Medical Science.

In addition to the regular Course, and not interfering with it, a Course of Lectures will be commenced on Monday, 27th September, and continued until 18th October, viz.—
Hygeine, by Dr. Smith.
Medical Botany, by Dr. Torrey.
Hernia, by Dr. Watts.
Treatment of Infantile Diseases, by Dr. Gilman.
Physiology of the Blood, by Dr. Clark.

This Course will be *free* to the *Matriculated* Students of the College.

College of Physicians and Surgeons, }
67 *Crosby street, New York.* }
R. WATTS, M.D., *Secretary to the Faculty.*
Aug4—5tep.4teop

MEDICAL INSTITUTION OF YALE COLLEGE.

The Annual Course of Lectures will commence on Wednesday, September 29, 1847, and continue sixteen weeks.

Benjamin Silliman, M.D., LL.D., on Chemistry and Pharmacy.
Eli Ives, M.D., on the Theory and Practice of Physic.
Jonathan Knight, M.D., on the Principles and Practice of Surgery.
Timothy P. Beers, M.D., on Obstetrics.
Charles Hooker, M.D., on Anatomy and Physiology.
Henry Bronson, M.D., on Materia Medica and Therapeutics.

Lecture Fees, $68, 50. Matriculation, $5. Graduation, $15.

CHARLES HOOKER, *Dean of the Faculty.*
New Haven, June, 1847.
July 7—eoptL